



My life, my plan

Parent questionnaire

Transition planning for _____

The answers to the following questions will assist in setting goals and planning for your child's future.

Your responses may be used at transition planning meetings.
Please return the completed form to the school/college's transition planning coordinator.

Your name: _____

Date: _____

What is most important to you about your child's transition from school to adult life?

What are your child's strengths and interests?

What social or recreational activities is your child involved with? What would you like to see your child involved with?

What further education and training do you see your child undertaking in the future? Where do you see this happening?

What type of work do you see your child doing in the future?

If your child has had work experience, what was the most positive outcome?

Are there any health or safety issues you feel should be considered in planning for the future?

What accommodation options do you think would best suit your child when he or she is an adult (please tick one or more).

- At home
- A group home
- A shared flat
- Own flat
- Shared house
- Own house.

Please comment.

Is your child a client of Disability Services? If so, what is the name of his or her service coordinator?

Is your child in contact with any other government or private agency that may be able to help plan for the future?

Does your child receive any financial support such as the Disability Support Pension?

What supports does your child require now and in the future?

What would you like to see your child doing five years from now?

Any other comments?

Contact your transition planning coordinator if you have any questions about this form.

Contact details:

Transition planning coordinator: _____

Phone: _____